

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21901 7590 05/18/2004

SMITH & HOPEN PA
 15950 BAY VISTA DRIVE
 SUITE 220
 CLEARWATER, FL 33760



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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Shelley Butz

(Depositor's name)

Shelley Butz

(Signature)

08/12/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,080	09/22/2003	Myung K. Kim	1372.78.PRC	1254

TITLE OF INVENTION: PHASE IMAGING USING MULTI-WAVELENGTH DIGITAL HOLOGRAPHY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/18/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BOUTSIKARIS, LEONIDAS	2872	359-009000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Smith & Hopen, P.A.

2 Anton J. Hopen

3 Molly L. Sauter

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

University of South Florida

Tampa, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

08/12/2004

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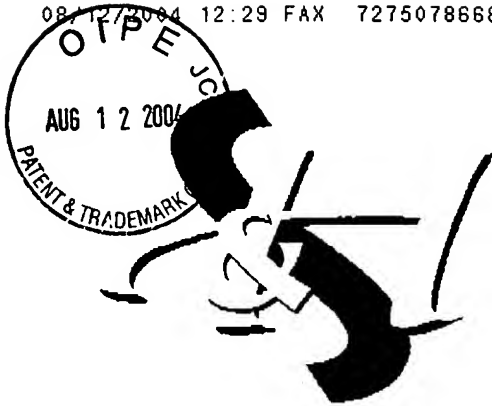
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/13/2004 MBELETE2 00000032 10668080

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**smith & hopen, p.a.**

15950 Bay Vista Drive, Suite 220
Clearwater, Florida 33760
727.507.8558 Tel
727.507.8668 Fax
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Fax

INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Mail Stop Issue Fee	Client:	1372.78.PRC
Fax:	(703) 746-4000	Pages:	4 including coversheet
Phone:		Date:	August 11, 2004
Re:	USPN: 10/668,080	CC:	University of South Florida
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

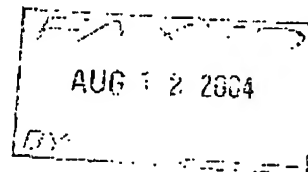
Dear Sir or Madam:

In response to the Notice of Allowance mailed on May 18, 2004, we enclose the following:

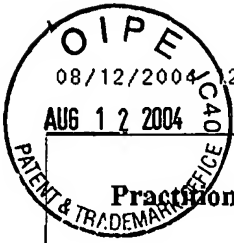
- 1.) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated August 12, 2004 (1 page);
- 2.) Form PTOL-85 (1 page); and
- 3.) Credit Card Payment Form PTO-2038 in the amount of \$665.00 (1 page).

Very respectfully,

Anton J. Hopen
Reg. No. 41,849



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Practitioner's Docket No: 1372.78.PRC

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Myung K. Kim)

Serial No.: 10/668,080)

Art Unit: 2872)

Examiner: Leonidas)

Boutsikaris)

Filed: 09/22/2003)

Confirmation No. 1254)

For: Phase Imaging Using Multi-Wavelength Digital Holography)

Faxed to (703) 746-4000
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a)):

Regular

Application status is Small Entity—fee:

\$665.00

3. Payment of fee:

Enclosed please find Credit Card Payment Form PTO-2038 for \$665.00


SIGNATURE OF PRACTITIONER

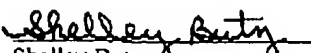
Anton J. Hopen
Suite 220
15950 Bay Vista Drive
Clearwater, FL 33760

Reg. No. 41,849
Tel. No.: (727) 507-8558

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (703) 746-4000 on August 12, 2004.

Dated: August 12, 2004


Shelley Butz